PATENT APPLICATION FEE DETERIBINATION FEE COPY Effective December 29, 999 AVGITOBLE COPY

CLAIMS AS FILED - PART I									SMALL	ENTITY		OTHER		
EC)B	·· [(Column 1) NUMBER FILED			(Column 2) NUMBER EXTRA			TYPE		OR	SMALL		
FOR			IVOIVIBL			INOMBER	EXIDA		RATE	FEE		RATE	F	EE
BASIC FEE				4.5						345.00	OR			0.00
TOTAL CLAIMS			80	minus 2	20=	· 60)		X\$ 9=		OR	X\$18=	10	80
INC	EPENDENT CL	AIMS	4	minus	3 =	<u> </u>			X39=		OR	X78=		18
MULTIPLE DEPENDENT CLAIM PRESENT									+130=	······································	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	·	OR	TOTAL	18	48	
CLAIMS AS AMENDED - PART II							•	, •		8	OTHER	•	+	
(Column 1) (Column 2) (Column 3)									SMALL E	ENTITY	OŘ.	SMALL E		
IENT A		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EEE
AMENDMENT	Total	.8	<u> </u>	Minus	**	80	=		X\$ 9=		OR	X\$18=		
AME	Independent	· 4	<u>/</u>	Minus	***	<u> </u>	= /		X39=	,	OR	No.		
	FIRST PRESE	NIAIIC	N OF M	JLTIPLE DEF	·	DENTICLAIM	V		+130=	1	OR	430	,	
									TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	K	3
\$	•	(Coli	imn 1)		ıc	Column 2)	(Column 3)	,	10011. FEE	. *	•	ADDIT. I EE		
ENT B		CL REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TK	DDI- DNAL EE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*		Minus	**1	•	=		X39=		OR	X78=		
7	FIRST PRESE	NTATIC	N OF M	JLTIPLE DEF	PEND	DENT CLAIM		┞			On		_	<u>. </u>
							;	Į	+130=		OR	+260=		
		-						A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	,	
·	· ·		ımn 1)			Column 2)	(Column 3)							
MENT C		REM.	AIMS AINING TER IDMENT		. PF	HIGHEST NUMBER REVIOUSLY PAID FOR?	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TK	DDI- ONAL EE
AMENDMENT	Total	*		Minus	**		=		X\$ 9= ·		OR	X\$18=		
	Independent	*		Minus	**1	· .	=	 	X39=			X78=		
1	FIRST PRESE	NTATIC	N OF M	JLTIPLE DEF	PENE	DENT CLAIM		 -			OR		\vdash	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+130=		OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE														
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											k in col	lumn 1.		

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:				· · · · · · · · · · · · · · · · · · ·			
		Total Fe	e Calcula	ation	1			
	Fee Code	Total # Claims	Number Extra	_x	Fce	Fee		Total
•	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	_			345	690	=	690
Total Claims >20	203/103		, 60	X	9	18	=	1080
Independent Claims >3	202/102	<u></u> -3 =	. /	x	39	78	=	78
Mult. Dep Claim Present	204/104				130	260	=	
Surcharge	205/105				65	130	=	130
English Translation	139							· · · · · · · · · · · · · · · · · · ·
TOTAL FÉE CALCULA	ATION							1978
Fees due upon filing t	he application	:						
Total Filing Fees Due	= \$	1978						
Less Filing Fees Subn	nitted -\$							

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)

BALANCE DUE